

**RULES  
OF  
DEPARTMENT OF PUBLIC HEALTH  
OFFICE OF EMERGENCY MEDICAL SERVICES**

**CHAPTER 511-9-2  
EMERGENCY MEDICAL SERVICES**

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**511-9-2-.01 Purpose.**

- (1) These rules establish standards for ambulance services, air ambulance services, medical first responder services, neonatal transport services, designation of specialty care centers and base station facilities, training and licensing requirements for medics, instructor licensing and course approval requirements for emergency medical technician, advanced emergency medical technician, cardiac technician and paramedic training programs, and others as may be related to O.C.G.A. Chapter 31-11.
- (2) The Director or Medical Director of the Office of Emergency Medical Services and Trauma has the authority to waive any rule, procedure, or policy in the event of a public health emergency in order to provide timely critical care and transportation to the injured or ill. Such waiver shall be in writing and filed with the Commissioner of the Department of Public Health.

**Authority:** O.C.G.A. §§31-2A-3, 31-2A-6, 31-11-5. **History:** Original Rule entitled “Definitions” adopted. F. May 29, 1973; eff. July 1, 1973, as specified by the Agency. Repealed: New Rule of same title adopted. F. Aug. 28, 1979; eff. Oct. 15, 1979, as specified by the Agency. Amended: F. June 22, 1981; eff. July 22, 1981, as specified by the Agency. Repealed: New Rule of same title adopted. F. Aug. 21, 1986; eff. Sept. 10, 1986. Repealed: New Rule entitled “Purpose” adopted. F. Oct. 21, 1993; eff. Nov. 10, 1993. Repealed: New Rule of same title adopted. F. Feb. 25, 2005; eff. Mar. 17, 2005. Repealed: New Rule of same title adopted. F. May 29, 2009; eff. June 18, 2009. Repealed: New Rule of same title adopted as R. 111-9-2-.01. F. June 10, 2011; eff. June 30, 2011. Repealed: New Rule of same title adopted as R. 511-9-2-.01. F. December 14, 2011; eff. January 3, 2012.

**511-9-2.02 Definitions.** The following definitions shall apply in the interpretation of these standards:

- (a) “Advanced Cardiac Life Support (ACLS) Certification” means successful completion of a department approved course utilizing nationally recognized advanced cardiac care standards.
- (b) “Advanced Emergency Medical Technician” or “AEMT” means a person who has been licensed by the department after having successfully attained certification by National Registry of Emergency Medical Technicians (NREMT).
- (c) “Advanced Life Support (ALS)” means the assessment, and if necessary, treatment or transportation by ambulance, utilizing medically necessary supplies and equipment provided by at least one individual licensed above the level of Emergency Medical Technician.
- (d) “Advanced Life Support (ALS) Assessment” means an assessment performed by an ALS crew as part of an emergency response that was necessary because the patient’s reported condition at the time of dispatch was such that only an ALS crew was qualified to perform the assessment.
- (e) “Advanced Life Support (ALS) Intervention” means a procedure that is, in accordance with state and local laws, beyond the scope of authority of the Emergency Medical Technician.
- (f) “Air Ambulance Service” means an agency or company providing ambulance service with rotor-wing aircraft that is operated under a valid license from the department.
- (g) “Ambulance – Air” means a rotary-wing aircraft registered by the department that is specially constructed and equipped and is intended to be used for air medical emergency transportation of patients.
- (h) “Ambulance – Ground” means a motor vehicle registered by the department that is specially constructed and equipped and is intended to be used for emergency transportation of patients.
- (i) “Ambulance Service” means the provision of emergency care and transportation for a wounded, injured, sick, invalid, or incapacitated human being to or from a place where medical care is furnished.
- (j) “Ambulance Service Medical Director” means a physician licensed to practice in this state, who provides medical direction to a service licensed by the department.
- (k) “Approved” means acceptable to the department based on its determination as to conformance with existing standards.
- (l) “Arrest” means the taking or detaining in custody of a person by a law enforcement official upon probable cause of a crime.
- (m) “Authorized Agent” means a person with the legal authority to sign on behalf of the legal owner of a business entity.
- (n) “Base of Operations” means the primary location at which administration of the service occurs and where records are maintained. An Ambulance Provider must designate one Base of Operations location within the State of Georgia.
- (o) “Base Station Facility” means a facility responsible for providing direct physician control of emergency medical services.

- (p) "Basic Life Support (BLS)" means treatment or transportation by ground ambulance vehicle or treatment with medically necessary supplies and services involving non-invasive life support measures.
- (q) "Board" means the Board of Public Health.
- (r) "Cardiac Technician" means a person who has been licensed by the department after having successfully completed a cardiac technician training program.
- (s) "Charge" means a formal claim of criminal wrongdoing brought by a law enforcement official or prosecutor against an individual, whether by arrest warrant, information, accusation, or indictment.
- (t) "Clinical Preceptor" means a licensed emergency medical technician, advanced emergency medical technician, emergency medical technician-intermediate, cardiac technician, paramedic, IV team member, registered nurse, physician's assistant, allied health professional or physician who meets the requirements for preceptors as established by the department.
- (u) "Commissioner" means Commissioner of the Department of Public Health.
- (v) "Communication Protocols" means guidelines that specify which emergency interventions require direct voice order from medical control in the rendering of prehospital emergency medical care to a patient and may include other guidelines relative to communication between medics and medical control.
- (w) "CPR Certification" means successful completion of a department-approved healthcare provider course in cardiopulmonary resuscitation.
- (x) "Department" means the Department of Public Health.
- (y) "Emergency" means a request for a non-planned response or an urgent need for the protection of life, health, or safety, as perceived by a prudent layperson.
- (z) "Emergency Medical Service" or "EMS" means air ambulance services, ground ambulance services, medical first responder services, and neonatal transport services licensed by the department.
- (aa) "Emergency Medical Service Advisory Council" or "EMSAC" means an advisory council that provides advice to the department in matters essential to its operations with respect to emergency medical services.
- (bb) "Emergency Medical Service Instructor - Level I" means an individual qualified and licensed to teach continuing education and community education programs.
- (cc) "Emergency Medical Service Instructor - Level II" means an individual qualified and licensed to teach and coordinate Emergency Medical Technician-Basic, Emergency Medical Technician, Emergency Medical Technician-Intermediate and Advanced Emergency Medical Technician courses, in addition to the courses taught at Level I.
- (dd) "Emergency Medical Service Instructor - Level III" means an individual qualified and licensed to teach and coordinate Emergency Medical Technician - Paramedic and Paramedic courses, in addition to the courses taught at Level I and Level II.

(ee) "Emergency Medical Services Medical Directors Advisory Council" (EMSMDAC) means a council established by the Department to advise the Office of Emergency Medical Services on issues essential to its operation related to medical direction of the EMS system.

(ff) "Emergency Medical Services Personnel" means any first responder, licensed emergency medical technician-basic, licensed emergency medical technician, licensed emergency medical technician-intermediate, licensed advanced emergency medical technician, licensed cardiac technician, licensed emergency medical technician-paramedic, or licensed paramedic.

(gg) "Emergency Medical Systems Communications Program" means any program established pursuant to Public Law 93-154, entitled the Emergency Medical Services Systems Act of 1973, which serves as a central communications system to coordinate the personnel, facilities, and equipment of an emergency medical services system and which:

1. Utilizes emergency medical telephonic screening;
2. Utilizes a publicized emergency telephone number; and
3. Has direct communication connections and interconnections with the personnel, facilities, and equipment of an emergency medical services system. The terms "Emergency Medical Systems Communications Program" and "Regional Ambulance Zoning Plan" are synonymous.

(hh) "Emergency Medical Technician" or "EMT" means a person who has been licensed by the department after being certified by National Registry of Emergency Medical Technicians (NREMT).

(ii) "Emergency Medical Technician-Basic" or "EMT-B" means a person who has been licensed by the department after being certified by National the Registry of Emergency Medical Technicians (NREMT).

(jj) "Emergency Medical Technician-Intermediate" or "EMT-I" means a person who has been licensed by the department after being certified by the National Registry of Emergency Medical Technicians (NREMT).

(kk) "Emergency Medical Technician-Paramedic " means a person who has been licensed by the department after being certified by the National Registry of Emergency Medical Technicians (NREMT).

(ll) "First Responder " means an individual who has successfully completed an appropriate first responder course approved by the department and otherwise meets the eligibility requirements set forth in this chapter.

(mm) "Ground Ambulance Service" means an agency or company providing ambulance service with ground based vehicles that is operated under a valid license from the department.

(nn) "Guidelines" (See "medical protocol").

(oo) "Health District" means the geographical district designated by the department.

(pp) "Inactive Status" in the context of a license or designation issued by the department means said license, or designation is no longer valid due to failure to meet current required standards.

(qq) "Indictment" means a formal written charge of criminal wrongdoing framed by a prosecuting authority and found by a grand jury.

(rr) "Infant" means a child up to one year of age.

(ss) "Invalid Car" means a non-emergency transport vehicle used only to transport persons who are convalescent or otherwise nonambulatory, and do not require medical care during transport.

(tt) "License" when issued to a person signifies that its facilities, vehicles, personnel and operations comply with O.C.G.A. Chapter 31-11, Rules and Regulations, and policies of the department.

(uu) "License Office" means the Commissioner of Public Health or his/her designee.

(vv) "License Renewal Cycle" means a period of time established by the department for renewal of licenses. The term recertification as it applies to individuals is synonymous with license renewal.

(ww) "Licensed Nurse" means an individual who is currently licensed or registered in the State of Georgia as a registered nurse, advanced practice registered nurse, nurse practitioner or licensed practical nurse.

(xx) "Local Coordinating Entity" means the public or nonprofit private entity designated by the Board to coordinate and administer the emergency medical services system for each health district, and make recommendations to the department on other EMS related issues. The terms "Local Coordinating Entity" and "Regional EMS Council" are synonymous.

(yy) "Medic" means any emergency medical technician-basic, emergency medical technician, emergency medical technician-intermediate, advanced emergency medical technician, cardiac technician, or emergency medical technician-paramedic licensed by the department.

(zz) "Medical Advisor" (See "Ambulance Service Medical Director").

(aaa) "Medical Control" means the clinical guidance from a physician to emergency medical services personnel regarding the prehospital management of a patient.

(bbb) "Medical Control Physician" means the physician providing clinical guidance to emergency medical services personnel regarding the prehospital management of a patient.

(ccc) "Medical Direction" means the administrative process of providing medical guidance or supervision including but not limited to system design, education, critique, and quality improvement by a physician to emergency medical services personnel.

(ddd) "Medical First Responder Service" means an agency or company duly licensed by the department that provides on-site care until the arrival of the department's designated ambulance provider.

(eee) "Medical First Responder Vehicle" means a motor vehicle registered by the department for the purpose of providing response to emergencies.

(fff) "Medical Protocol" means a prehospital treatment guideline, approved by the local EMS medical director, used to manage an emergency medical condition in the field by outlining the permissible and appropriate medical treatment that may be rendered by emergency medical services personnel to a patient experiencing a medical emergency.

(ggg) "Neonatal Transport Personnel" means licensed or certified health care professionals specially trained in the care of neonates.

(hhh) "Neonatal Transport Provider" means an agency or company providing facility-to-facility transport for neonates that is operated under a valid neonatal transport license from the department.

(iii) "Neonatal Transport Vehicle" means a motor vehicle registered by the department that is equipped for the purpose of transporting neonates to a place where medical care is furnished.

(jjj) "Neonate" means an infant 0 - 184 days of age, as defined by the Georgia Regional Perinatal Care Program.

(kkk) "Office of Emergency Medical Services" (the department) means the regulatory subdivision of the Georgia Department of Public Health, directly responsible for the statewide emergency medical services system.

(lll) "Patient Care Report (PCR)" means the documentation that contains the data set required by the department, either written or electronic that records the information regarding a request for a response. This includes, but is not limited to: Agency responding, vehicle identity, medics on the call, date of the call, times pertinent to the call, care rendered, treatment and transport information, pertinent patient information such as vital signs, and symptoms.

(mmm) "Prehospital Care Report (PCR)". See "Patient Care Report."

(nnn) "Reasonable Distance" means that distance established by the local medical director based on the ambulance service's geographical area of responsibility, the ambulance service's ability to maintain emergency capabilities, and hospital resources.

(ooo) "Recertification Cycle" (See "License Renewal Cycle").

(ppp) "Regional Ambulance Zoning Plan" (See "Emergency Medical Systems Communications Program").

(qqq) "Regional Emergency Medical Services Communications Plan" means a plan for the purpose of consolidating and coordinating applicable telecommunications services and facilities into an integrated system within a health district, which insures that the goals and objectives of the State Emergency Medical Services Communication Plan are addressed.

(rrr) "Regional Emergency Medical Services Council" (See "Local Coordinating Entity").

(sss) "Regional Emergency Medical Services Medical Director" means a person, having approval of the Regional EMS Council and Office of Emergency Medical Services, who is a physician licensed to practice medicine in this state, familiar with the design and operation of prehospital emergency services systems,

experienced in the prehospital emergency care of acutely ill or injured patients, and experienced in the administrative processes affecting regional and state prehospital emergency medical services systems.

(ttt) "Registered Agent - Corporation" means the person or entity designated by the corporation with the Georgia Secretary of State's Office as its registered agent.

(uuu) "Reserve Ambulance" means a registered ambulance that temporarily does not meet the standards for ambulance equipment and supplies in these rules and policies of the department.

(vvv) "Satellite Location " means a fixed site from which emergency vehicles respond.

(www) "Specialty Care Center" means a licensed hospital dedicated to a specific sub-specialty care including, but not limited to, trauma, stroke, pediatric, burn and cardiac care.

(xxx) "Specialty Care Transport" means transportation in a registered ambulance or neonatal unit between health care facilities during which certain special skills above and beyond those taught in state approved initial paramedic education are utilized. Provided, however, that this definition is not intended to authorize a medic to operate beyond his or her scope of practice.

(yyy) "Standing Order" means the prior written authorization by the local EMS medical director for EMS personnel within that service to provide certain elements of a medical protocol to a patient experiencing a medical emergency prior to establishing direct voice communication with medical control. Standing orders commonly authorize the use of certain medications or invasive procedures, and they are a subset of a medical protocol.

(zzz) "State Emergency Medical Services Communication Plan" means a plan approved by the Georgia Technology Authority or its successor agency, for the purpose of consolidating and coordinating telecommunications services and facilities into an integrated system for the state of Georgia.

**Authority:** O.C.G.A. §§31-2A-3, 31-2A-6, 31-11-2, 31-11-5. **History:** Original Rule entitled "General Provisions" adopted. F. May 29, 1973; eff. July 1, 1973, as specified by the Agency. Repealed: New Rule of same title adopted. F. Aug. 28, 1979; eff. Oct. 15, 1979, as specified by the Agency. Repealed: New Rule entitled "Applicability of Chapter" adopted. F. Aug. 21, 1986; eff. Sept. 10, 1986. Repealed: New Rule entitled "Definitions" adopted. F. Oct. 21, 1993; eff. Nov. 10, 1993. Repealed: New Rule of same title adopted. F. Feb. 25, 2005; eff. Mar. 17, 2005. Repealed: New Rule of same title adopted. F. May 29, 2009; eff. June 18, 2009. Repealed: New Rule of same title adopted as R. 111-9-2-.02. F. June 10, 2011; eff. June 30, 2011. Repealed: New Rule of same title adopted as R. 511-9-2-.02. F. December 14, 2011; eff. January 3, 2012.



**511-9-2-.03 Emergency Medical Services Advisory Councils.****(1) Emergency Medical Services Advisory Council (EMSAC).**

(a) Purpose. The Department shall establish an Emergency Medical Services Advisory Council to advise the department in matters essential to its operations with respect to emergency medical services systems.

**(b) General Provisions.**

1. Council recommendations are advisory and are not binding on the department or on agencies under contract to the department.
2. The Council shall be composed of members who are knowledgeable in the field of emergency medical service systems and all components thereof, who represent a broad section of Georgia's citizens, including consumers of services, providers of services, and recognized experts in the field.
3. Members shall be appointed by the commissioner for a term specified in the council bylaws.
4. The Council shall adopt bylaws subject to the approval of the department and shall conduct its business in accordance with the Georgia Open Records and Open Meetings Acts. Said bylaws shall address frequency of meetings, recording of minutes, creation and function of committees, and other issues relevant to the function of an advisory council.
5. Staff assistance essential to the operations of the Council shall be provided from the resources of the Department of Public Health and are subject to the Department's approval.
6. Responsibilities shall include, but not be limited to: reviewing and providing comment on legislative activities, standards, and policies which affect those persons, services, or agencies regulated under these rules and O.C.G.A. Chapter 31-11; and, participating as an advocacy body to improve Georgia's statewide emergency medical services systems and all components thereof.

**(2) Emergency Medical Services Medical Directors Advisory Council (EMSMDAC).**

(a) Purpose. The Department shall establish an Emergency Medical Services Medical Directors Advisory Council (EMSMDAC) to advise the department on issues related to medical direction of the EMS system.

**(b) General Provisions.**

1. The council members shall be appointed by the commissioner for a term specified in council bylaws.
2. The Council shall be composed of physician members who are knowledgeable in the field of EMS systems and all components thereof, and who represent a broad section of the Georgia's EMS programs and the medical community.
3. The Council shall adopt bylaws subject to the approval of the department and shall conduct its business in accordance with the Georgia Open Records and Open Meetings Acts. Said bylaws shall address frequency of meetings, recording of minutes, creation and function of committees, and other issues relevant to the function of an advisory council.

(c) Responsibilities of EMSMDAC shall include, but not be limited to:

1. Act as a liaison with the medical community, medical facilities, and appropriate governmental entities;
2. Advise and provide consultation to the department on practice issues related to the care delivered by entities and personnel under the jurisdiction of the department;
3. Advise on and review matters of medical direction and training in conformity with accepted emergency medical practices and procedures;
4. Recommend and review policies and procedures affecting patient care rendered by Emergency Medical Services personnel;
5. Advise on the scope and extent of EMS practice for the emergency medical services of Georgia;
6. Advise on the formulation of medical, communication and emergency transportation protocols; and
7. Advise on quality improvement issues related to patient care rendered by Emergency Medical Services personnel.

**Authority:** O.C.G.A. §§ 31-2A-3, 31-2A-6, 31-11-5, 31-11-60.1, 50-4-4, 50-4-5. **History:** Original Rule entitled “License” adopted. F. May 29, 1973; eff. July 1, 1973, as specified by the Agency. Repealed: New Rule of same title adopted. F. Aug. 28, 1979; eff. Oct. 15, 1979, as specified by the Agency. Repealed: New Rule entitled “Licensure” adopted. F. Aug. 21, 1986; eff. Sept. 10, 1986. Repealed: New Rule entitled “Emergency Medical Services Advisory Council (EMSAC)” adopted. F. Oct. 21, 1993; eff. Nov. 10, 1993. Repealed: New Rule of same title adopted. F. Feb. 25, 2005; eff. Mar. 17, 2005. Repealed: New Rule entitled “Emergency Medical Services Advisory Council” adopted. F. May 29, 2009; eff. June 18, 2009. Repealed: New Rule entitled “Emergency Medical Services Advisory Councils” adopted F. as R. 111-9-2-.03. June 10, 2011; eff. June 30, 2011. Repealed: New Rule of same title adopted as R. 511-9-2-.03. F. December 14, 2011; eff. January 3, 2012.

**511-9-2-.04 Designation of Specialty Care Centers.****(1) Trauma Centers.****(a) Applicability.**

1. This section is not intended to prevent any hospital or medical facility from providing medical care to any trauma patient.
2. No hospital or medical facility shall hold itself out or advertise to be a designated trauma center without first meeting the requirements of these rules.

**(b) Designation.**

1. The department shall define the process for trauma center designation and redesignation.
2. The department has the authority to review, enforce, and recommend removal of trauma center designation for trauma centers failing to comply with applicable statutes, Rules and Regulations, and department policy.
3. Designation will be for a period of three years.
4. Each designated trauma center will be subject to periodic review.
5. Each designated trauma center shall submit data to the state trauma registry in a manner and frequency as prescribed by the department.

**(2) Stroke Centers****(a) Applicability.**

1. This section is not intended to prevent any hospital or medical facility from providing medical care to any stroke patient.
2. No hospital or medical facility shall hold itself out or advertise to be a designated stroke center without first meeting the requirements of these rules.

**(b) Standards for Designation of Primary Stroke Centers.**

1. Any hospital seeking designation and identification by the department as a primary stroke center must submit a written application to the department.
2. The application must include adequate documentation of the hospital's valid certification as a primary stroke center by the Joint Commission on Accreditation of Healthcare Organizations.
3. Each designated primary stroke center must submit data to the state annually in accordance with the requirements established in O.C.G.A. § 31-11-116.
4. The department may suspend or revoke a hospital's designation as a primary stroke center, after notice and hearing, if the department determines that the hospital is not in compliance with the requirements of these rules or applicable statutes.

## (c) Standards for Designation of Remote Treatment Stroke Centers.

1. Hospitals seeking designation as a remote treatment stroke center must submit a written application to the department.
2. The department shall define in policy the application process and establish a remote stroke center checklist outlining the requirements.
3. Upon receipt of a completed application, the department shall schedule and conduct an inspection of the applicant's facility no later than ninety days after receipt of the application.
4. Hospitals will be evaluated on the standards and clinical practice guidelines established by the American Heart Association and American Stroke Association and must utilize current and acceptable telemedicine protocols relative to acute stroke treatment.
5. Each hospital seeking designation as a remote treatment stroke center must participate in the Georgia Coverdell Acute Stroke Registry prior to making application for designation and following designation, must submit data to the department on an annual basis in accordance with the requirements established in O.C.G.A. § 31-11-116, and must establish cooperating stroke care agreements with designated primary stroke centers.
6. The department may suspend or revoke a hospital's designation as a remote treatment stroke center, after notice and hearing, if the department determines that the hospital is not in compliance with the requirements of these rules or applicable statutes.

**Authority:** O.C.G.A. §§ 31-2A-3, 31-2A-6, , 31-11-110 to 31-11-119. **History:** Original Rule entitled "Application for License" adopted. F. May 29, 1973; eff. July 1, 1973, as specified by the Agency. Repealed: New Rule of same title adopted. F. Aug. 28, 1979; eff. Oct. 15, 1979, as specified by the Agency. Repealed: New Rule entitled "Standards for Vehicles" adopted. F. Aug. 21, 1986; eff. Sept. 10, 1986. Amended: F. Aug. 16, 1990; eff. Sept. 5, 1990. Repealed: New Rule entitled "Regional EMS Council" adopted. F. Oct. 21, 1993; eff. Nov. 10, 1993. Repealed: New Rule entitled "Emergency Medical Services Medical Directors Advisory Council" adopted. F. Feb. 25, 2005; eff. Mar. 17, 2005. Repealed: New Rule entitled "Designation of Trauma Centers" adopted. F. May 29, 2009; eff. June 18, 2009. Repealed: New Rule entitled "Designation of Specialty Care Centers" adopted as R. 111-9-2-.04. F. June 10, 2011; eff. June 30, 2011. Repealed: New Rule of same title adopted as R. 511-9-2-.04. F. December 14, 2011; eff. January 3, 2012. .

**511-9-2-.05     Reserved.**

**511-9-2-.06 Licensure of Air Ambulance Services.****(1) Applicability**

- (a) No person shall operate, advertise, or hold themselves out to be an air ambulance service in the state of Georgia without being in compliance with the provisions of O.C.G.A. Chapter 31-11 and these rules and regulations and without being duly licensed by the department. However, this Rule shall not apply to the following:

1. An air ambulance or air ambulance service operated by an agency of the United States government;
2. A vehicle rendering assistance temporarily in the case of a major catastrophe or disaster which is beyond the capabilities of available Georgia licensed air ambulance services;
3. An air ambulance operated from a location outside of Georgia and transporting patients picked up beyond the limits of Georgia to locations within Georgia;
4. An air ambulance service licensed to operate in another state and transporting patients picked up at a medical facility within the limits of Georgia to locations outside the limits of Georgia, unless such air ambulance is pre-positioned within the limits of Georgia prior to receiving the request for transport;
5. An air ambulance licensed in a state adjacent to Georgia that is responding to a request from a Georgia licensed provider;
6. An air ambulance or air ambulance service owned and operated by a governmental entity whose primary role is not to transport patients by air ambulance, and who is not receiving payment for such services;
7. An air ambulance or air ambulance service owned and operated by a bona fide non-profit charitable institution and that is not for hire.

- (2) Application for a license or provisional license shall be made to the license officer in the manner and on the forms approved by the license officer.

- (3) Renewal of License. Renewal of any license issued under the provisions of O.C.G.A. Chapter 31-11 shall require conformance with all the requirements of these rules and regulations as upon original licensing.

**(4) Standards for Air Ambulances****(a) General:**

1. Must have appropriate and current FAA approval to operate an air ambulance service;
2. Air Ambulances must be maintained on suitable premises that meet the county health code and the department's specifications. The department is authorized to establish policy to define minimal standards for suitable premises and base of operations.
3. The air ambulance must be properly equipped, maintained, and operated in accordance with other rules and regulations contained herein and be maintained and operated so as to

contribute to the general well-being of patients. The aircraft must have an appropriate system for ensuring an adequate temperature environment suitable for patient transport.

4. All air ambulances must be equipped with approved safety belts and restraints for all seats.
  5. Prior to use, air ambulances must be inspected and approved by the department and so registered by affixing a department decal at a location specified by the department.
  6. Prior to disposal by sale or otherwise, an air ambulance removed from service must be reported to the department.
  7. The department shall utilize the airframe's "N" number issued by the FAA to identify each registered air ambulance.
  8. Whenever an air ambulance provider utilizes an unregistered air ambulance as a backup air ambulance, the air ambulance provider must contact the department within forty-eight hours of placing said air ambulance in service to provide the following information:
    - (i) Make and Model of Aircraft,
    - (ii) N Number,
    - (iii) Color and any descriptive markings, and
    - (iv) Expected length of service.
- (b) Insurance:
1. The air ambulance provider must have bodily injury, property damage, and professional liability insurance coverage that meets or exceeds 14 C.F.R. § 205.5.
  2. No air ambulance shall be registered nor shall any registration be renewed unless the air ambulance has current insurance coverage as required by this section. A certificate of insurance or satisfactory evidence of self-insurance shall be submitted to the license officer for approval prior to the issuance or renewal of each air ambulance license. Satisfactory evidence that such insurance is at all times in force and effect shall be furnished to the license officer, in such form as he may specify, by all licensees required to provide proof of such insurance under this section. Any lapse in insurance coverage will be grounds for immediate revocation of the air ambulance service license.
  3. Air ambulance providers must maintain files as required by the FAA.
- (c) Service License Fee:
1. Every air ambulance service, whether privately operated or operated by any political subdivision of the state or any municipality, as a condition of maintaining a valid license shall pay an annual license fee in an amount to be determined by the Board of Public Health. The amount of said license fee may be periodically revised by said Board, and shall be due upon the initial issuance of the license and each year thereafter on the anniversary date of the initial license issuance.
- (d) Communication:

1. Each registered air ambulance shall be equipped with a two-way communication system that provides air ambulance-to-hospital communications.
2. Each registered air ambulance shall have two-way communication with the location receiving requests for emergency service.

(e) Infectious Disease Exposure Control:

1. Each air ambulance provider shall have a written exposure control plan approved by their medical director.
2. Air ambulance providers and emergency medical services personnel shall comply with all applicable local, state, and federal laws and regulations in regard to infectious disease control procedures.

(f) Equipment and Supplies:

1. All equipment and supplies must be maintained in working order and shall be stored in an orderly manner so as to protect the patient.
2. No supplies may be used after their expiration date.
3. In order to substitute any item for the required items, written approval must be obtained from the department. The department shall have authority to grant exceptions and substitutions and shall maintain and distribute an up-to-date policy listing of all approved exceptions and substitutions.
4. The department shall establish through policy the minimum equipment and supplies required on each air ambulance; however, other equipment and supplies may be added as desired.

(5) Records of Air Ambulance Providers.

- (a) Records of each air ambulance response shall be made by the air ambulance provider in a manner, frequency and on such printed or electronic prehospital care report forms as approved by the department. A printed or electronic prehospital care report utilizing the set of data elements approved by the department must be completed for each response initiated and completed by the EMS provider. Such records shall be available for inspection by the department or its authorized agents during reasonable business hours. If a PCR is not left with the patient at the time of transfer of patient care, then documentation identifying the patient, the service, crew members, date, time, patient history, exam findings and treatment provided must be left at the receiving facility. A printed copy of the prehospital care report shall be provided to the hospital within twenty-four hours of receiving the patient. An electronic file of all responses must be submitted to the department in a manner and frequency approved by the department.
- (b) Training records for each employee containing pertinent information regarding their licensure, and any other department required courses shall be maintained and readily available for the department, or its authorized agents, upon request at the base location.



- (c) A dispatch record shall be maintained on all calls received. The record shall be maintained for a minimum of three years and shall contain at a minimum, when applicable, but not be limited to, the following:

1. Date call received;
2. Time call received;
3. Source of call;
4. Call back telephone number;
5. Location of patient;
6. Apparent problems;
7. Unit dispatched and time of dispatch;
8. Time arrived at scene;
9. Time left scene;
10. Time arrived at patient's destination; and
11. Destination of patient.

(6) General Provisions for Air Ambulance Services

- (a) Each air ambulance while in service shall be staffed by two Georgia licensed personnel:

1. When responding to an emergency scene at least one of the personnel shall be a registered nurse, physicians assistant, nurse practitioner, or physician and the second person must be a paramedic, both of whom must be licensed in Georgia;
2. When responding for an interfacility transfer, at least one of the personnel shall be a registered nurse, nurse practitioner, physicians assistant, or physician and the second person must be a paramedic, registered nurse, nurse practitioner, respiratory therapist, physicians assistant or physician, both of whom must be licensed in Georgia;
3. Personnel shall have successfully completed training specific to the air ambulance environment;
4. Personnel shall neither be assigned, nor assume the cockpit duties of the flight crew members concurrent with patient care duties and responsibilities;
5. Personnel shall have documentation of successful completion of training specific to patient care in the air ambulance transport environment in general and licensee's operation, in specific, as required by the department; and
6. If a paramedic possesses an additional Georgia healthcare provider license, then the paramedic may perform to the higher level of training for which he or she is qualified under that license when directed to do so by a physician, either directly or by approved protocols.

- (b) If an air ambulance transport is requested for an inter-hospital transfer, then such transfer shall be conducted by licensed air ambulance providers utilizing registered air ambulances.

- (c) Air ambulance services shall be provided on a twenty-four hour a day, seven day a week basis unless weather or mechanical conditions prevent safe operations.

- (d) Personnel shall be available at all times to receive emergency telephone calls and provide two-way communications.

## (e) Medical Direction for Air Ambulance Providers

1. To enhance the provision of emergency medical care, each air ambulance provider, must have a medical director who is currently licensed in Georgia and meets a minimum set of qualifications as recommended by EMSMDAC.
  2. The air ambulance medical director shall serve as medical authority for the air ambulance provider, serving as a liaison between the air ambulance provider and the medical community, medical facilities and governmental entities.
  3. It will be the responsibility of the air ambulance medical director, to provide for medical direction, specifically to ensure there is a plan to provide medical oversight of patient care delivered by air medical personnel during transport, to include on-line medical control or off-line medical control (through written guidelines or policies) and also to participate in training for the air ambulance personnel, in conformance with acceptable air ambulance emergency medical practices and procedures.
  4. Duties of the air ambulance medical director shall include, but not be limited to, the following:
    - (i) The approval of policies and procedures affecting patient care;
    - (ii) The development and approval of medical guidelines or protocols;
    - (iii) The formulation and evaluation of training objectives;
    - (iv) Continuous quality improvement of patient care.
  5. All air ambulance personnel shall comply with appropriate policies, protocols, requirements, and standards of the air ambulance medical director, provided such policies are not in conflict with these Rules and Regulations or other state statutes.
- (f) Air ambulance services shall not misrepresent or falsify any information filed with the department as a result of any air ambulance response.
- (g) Air ambulance services shall not employ, continue in employment, or use as EMS personnel any individuals who are not properly licensed under the applicable provisions of O.C.G.A. Chapter 31-11 and these rules and regulations.
- (h) Air ambulance services shall report incidents of substance abuse or impairment of licensed personnel to the appropriate licensing authority.

**Authority:** O.C.G.A. §§ 31-2A-3, 31-2A-6, 31-9-2, 31-9-3, 31-11-5 to 31-11-11, 31-11-30 to 31-11-36, 31-11-50 to 31-11-55, 31-11-60.1, 31-12-8. **History:** Original Rule entitled "Renewal of License" adopted. F. May 29, 1973; eff. July 1, 1973, as specified by the Agency. Repealed: New Rule of same title adopted. F. Aug. 28, 1979; eff. Oct. 15, 1979, as specified by the Agency. Repealed: New Rule entitled "Inspections" adopted. F. Aug. 21, 1986; eff. Sept. 10, 1986. Repealed: New Rule entitled "Licensure of Neonatal Transport Services" adopted. F. Oct. 21, 1993; eff. Nov. 10, 1993. Repealed: New Rule entitled "Designation of Trauma Centers" adopted. F. Feb. 25, 2005; eff. Mar. 17, 2005. Repealed: New Rule entitled "Licensure of Air Ambulance Services" adopted. F. May 29, 2009; eff. June 18, 2009. Repealed: New Rule of same title adopted as R. 111-9-2-.06. F. June 10, 2011; eff. June 30, 2011. Repealed: New Rule of same title adopted as R. 511-9-2-.06. F. December 14, 2011; eff. January 3, 2012.

**511-9-2-.07 Licensure of Ground Ambulance Services.****(1) Applicability.**

(a) No person shall operate, advertise, or hold themselves out to be an ambulance service in the state of Georgia without being in compliance with the provisions of O.C.G.A. Chapter 31-11 and these rules and regulations and without being duly licensed by the department. However, this Rule shall not apply to the following:

1. An ambulance or ambulance service operated by an agency of the United States government;
2. A vehicle rendering assistance temporarily in the case of a major catastrophe or disaster which is beyond the capabilities of available Georgia licensed ambulance services;
3. An ambulance operated from a location outside of Georgia and transporting patients picked up beyond the limits of Georgia to locations within Georgia;
4. An invalid car or the operator thereof.
5. An ambulance service licensed to operate in another state and transporting patients picked up at a medical facility within the limits of Georgia to locations outside the limits of Georgia unless such ambulance is pre-positioned within the limits of Georgia prior to receiving the request for transport.

(b) No provision of these rules shall be construed as prohibiting or preventing a municipality from fixing, charging, assessing or collecting any license fee or registration fee on any business or profession or anyone engaged in any related profession governed by the provisions of these rules, or from establishing additional regulations regarding ambulance service as long as there is no conflict with these rules.

(2) Application for a License or provisional license shall be made in the manner and on the forms approved by the license officer.

(3) Renewal of License. Renewal of any license issued under the provisions of O.C.G.A. Chapter 31-11 shall require conformance with all the requirements of these rules and regulations as upon original licensing.

**(4) Standards for Ambulances.****(a) General.**

1. Ambulances must be maintained on suitable premises that meet the county health code and the department's specifications. The department is authorized to establish policy to define minimal standards for suitable premises and base of operations. Ambulances, including raised roof van or modular type, must be of a design approved by the department that meets a 60-inch headroom requirement in the patient compartment. The interior of the patient compartment shall provide a minimum volume of 30 cubic feet of enclosed and shelf storage space that shall be conveniently located for medical supplies, devices, and installed systems as applicable for the service intended. The ambulance must be properly equipped, maintained, and operated in accordance with other rules and regulations contained herein and be maintained and operated so as to contribute to the general well-being of patients. Heat and air

conditioning must be available and operational in both the patient compartment and driver compartment.

2. All ambulances must be equipped with approved safety belts for all seats.
3. Prior to their use, ambulances must be inspected and approved by the department and so registered by affixing a department decal at a location specified by the department.
4. Each ambulance service may place up to one-third (rounded to nearest whole number) of its registered ambulances in reserve status. When a reserve ambulance is placed in service (ready to respond to an emergency call) it must meet the provisions of these rules and policies of the department.
5. Prior to disposal by sale or otherwise, an ambulance removed from service must be reported to the department.
6. All registered ambulances shall have on both sides of the vehicle an identification number designated by the department. The name of the service and the number shall be visible on each side of the vehicle in at least 3-inch lettering for proper identification.

(b) Insurance:

1. Each registered ambulance shall have at least \$1,000,000 combined single limit (CSL) insurance coverage.
2. No ambulance shall be registered nor shall any registration be renewed unless the ambulance has insurance coverage in force as required by this section. A certificate of insurance or satisfactory evidence of self-insurance shall be submitted to the license officer for approval prior to the issuance or renewal of each ambulance license. Satisfactory evidence that such insurance is at all times in force and effect shall be furnished to the license officer, in such form as he may specify, by all licensees required to provide proof of such insurance under this section. Any lapse in insurance coverage will be grounds for immediate revocation of the ambulance service license.
3. EMS providers must maintain a file, as defined in departmental policy, of all maintenance records on each vehicle registered by the department.

(c) Service License Fee:

1. Every ambulance service, whether privately operated or operated by any political subdivision of the state or any municipality, as a condition of maintaining a valid license shall pay an annual license fee in an amount to be determined by the Board of Public Health. The amount of said license fee may be periodically revised by said Board, and shall be due upon the initial issuance of the license and each year thereafter on the anniversary date of the initial license issuance.

(d) Communication:

1. Each registered ambulance shall be equipped with a two-way communication system that provides ambulance-to-hospital communication that meets the standard set in the Regional EMS Communication Plan in which they operate.

2. All ambulance providers shall have two-way communication between each ambulance and the location receiving requests for emergency service.
3. The ambulance communication system shall be able to operate within the regional emergency medical services communications plan.

(e) Infectious Disease Exposure Control:

1. Each ambulance service shall have a written infectious disease exposure control plan approved by the local medical director.
2. Ambulance providers and emergency medical services personnel shall comply with all applicable local, state, and federal laws and regulations in regard to infectious disease control procedures.

(f) Equipment and Supplies:

1. All equipment and supplies must be maintained in working order and shall be stored in an orderly manner so as to protect the patient and be readily accessible when needed.
2. No supplies may be used after their expiration date.
3. In order to substitute any item for the required items, written approval must be obtained from the department. The department shall have authority to grant exceptions and substitutions and shall maintain and distribute an up-to-date policy listing of all approved exceptions and substitutions.
4. The department shall establish through policy the minimum equipment and supplies required on each ambulance; however, other equipment and supplies may be added as desired.

(5) Records of Ambulance Services.

- (a) Records of each ambulance response shall be made by the ambulance service in a manner, frequency and on such printed or electronic prehospital care report forms as approved by the department. A printed or electronic prehospital care report utilizing the set of data elements approved by the department must be completed for each response initiated and completed by the EMS provider. If a PCR is not left with the patient at the time of transfer of patient care, then documentation identifying the patient, the service, crew members, date, time, patient history, exam findings and treatment provided must be left at the receiving facility. A printed copy of the prehospital care report shall be provided to the hospital within twenty-four hours of receiving the patient. Such records shall be available for inspection by the department or its authorized agents during reasonable business hours. An electronic file of all responses must be submitted to the department in a manner and frequency approved by the department.
- (b) Training records for each employee containing pertinent information regarding licensing as a medic, and any other department required courses, shall be maintained and readily available for the department or its authorized agents upon request at the base location.

- (c) A dispatch record shall be maintained on all calls received. The record shall be maintained for a minimum of three years and shall contain at a minimum, when applicable, but not be limited to, the following:

1. Date call received;
2. Time call received;
3. Source of call;
4. Call back telephone number;
5. Location of patient;
6. Apparent problems;
7. Unit dispatched and time of dispatch;
8. Time arrived at scene;
9. Time left scene;
10. Time arrived at patient's destination; and
11. Destination of patient.

(6) General Provisions for Ambulance Services.

- (a) No person shall make use of the word "ambulance" to describe any ground transportation or facility or service associated therewith which such person provides, or to otherwise hold oneself out to be an ambulance service unless such person has a valid license issued pursuant to the provisions of this chapter or is exempt from licensing under this chapter.
- (b) Each ambulance while transporting a patient shall be manned by not less than two emergency medical services personnel (emergency medical technician-basic, emergency medical technician, emergency medical technician-intermediate, advanced emergency medical technician, cardiac technician, or paramedic), one of whom must be in the patient compartment. Only one individual licensed at the emergency medical technician - basic level or emergency medical technician level can be used to satisfy this requirement. If advanced life support is being rendered, personnel qualified to administer the appropriate level of advanced life support must be in the patient compartment and responsible for patient care.
- (c) If a medic possesses an additional Georgia healthcare provider license, then the medic may perform to the higher level of training for which he or she is qualified under that license when directed to do so by a physician, either directly or by approved protocols.
- (d) Interhospital transfers shall be conducted by licensed ambulance services in registered ambulances when the patient requires, or is likely to require, medical attention during transport. The transferring or receiving physician may request the highest level of emergency medical services personnel available or additional qualified medical personnel access to the patient during the interhospital

transfer. If requested, the ambulance service must allow the highest level medical personnel available to attend to the patient during the interhospital transfer.

- (e) Ambulance services shall be provided on a twenty-four hour, seven day a week basis.
- (f) Personnel shall be available at all times to receive emergency telephone calls and provide two-way communications.
- (g) Sufficient licensed personnel shall be immediately available to respond with at least one ambulance. When the first ambulance is on a call, ambulance providers shall respond to each additional emergency call within their designated geographic territory as requested provided that medics and an ambulance are available. If medics and an ambulance are not available, the ambulance provider shall request mutual aid assistance. If mutual aid assistance is not available the ambulance provider shall respond with its next available ambulance.
- (h) Medical Direction for Ambulance Services.
  - 1. To enhance the provision of emergency medical care, each ambulance service, except those in counties with populations less than 12,000, shall have a medical director. The local medical director shall be a physician licensed to practice medicine in the state of Georgia and subject to approval by the regional EMS council. The local medical director must agree in writing to provide medical direction to that particular ambulance service.
  - 2. The local medical director shall serve as medical authority for the ambulance service, serving as a liaison between the ambulance service and the medical community, medical facilities and governmental entities.
  - 3. It will be the responsibility of the local medical director to provide for medical direction and training for the ambulance service personnel in conformance with acceptable emergency medical practices and procedures.
  - 4. Duties of the local medical director shall include but not be limited to the following:
    - (i) The approval of policies and procedures affecting patient care;
    - (ii) The formulation of medical protocols and communication protocols;
    - (iii) The formulation and evaluation of training objectives;
    - (iv) Performance evaluation;
    - (v) Continuous quality improvement of patient care; and
    - (vi) Development and implementation of policies and procedures for requesting air ambulance transport.
  - 5. All emergency medical services personnel shall comply with appropriate policies, protocols, requirements, and standards of local medical director for that service, or the policies, protocols, requirements, and standards provided by the regional medical director for those services not having a medical director, provided that such policies are not in conflict with these Rules and Regulations or other state statutes.

- (i) Control of patient care at the scene of an emergency shall be the responsibility of the individual in attendance most appropriately trained and knowledgeable in providing prehospital emergency stabilization and transport. When a medic arrives at the scene of a medical emergency, and contact is made with medical control by that medic, a physician/patient relationship is established between the patient and the physician providing medical control. The physician is responsible for the management of the patient and the medic acts as an agent of medical control unless a patient's physician is present. When a physician other than the patient's physician on the scene of a medical emergency properly identifies himself and demonstrates his willingness to assume responsibility for patient management and documents his intervention by signing the patient care report, the medic should place the intervening physician in communication with medical control. If there is disagreement between the intervening physician and the medical control physician, or if the intervening physician refuses to speak with medical control, the medic should continue to take orders from the medical control physician.
- (j) Any ambulance that arrives at the scene of an emergency without having been requested or designated as responsible by the regional zoning plan, shall provide the emergency medical care necessary to sustain and stabilize the patient until the arrival of the designated ambulance provider. A non-designated ambulance provider shall not transport a patient from the scene of a medical emergency except under the following conditions:
  - 1. The designated ambulance is canceled by the appropriate dispatching authority with approval of the responding designated ambulance provider; or
  - 2. Medical control determines that the patient's condition is life-threatening or otherwise subject to rapid and significant deterioration and there is clear indication that, in view of the estimated time of arrival of the designated ambulance, the patient's condition warrants immediate transport. In the event the medic is unable to contact medical control, the medic will make this decision. The transporting ambulance service shall file a copy of the patient care report including an explanation of the incident to the department within seven calendar days of the transport.
- (k) Hospital Destination of Prehospital Patients.
  - 1. When a patient requires initial transportation to a hospital, the patient shall be transported by the ambulance service to the hospital of his or her choice provided:
    - (i) The hospital chosen is capable of meeting the patient's immediate needs;
    - (ii) The hospital chosen is within a reasonable distance as determined by the medic's assessment in collaboration with medical control so as to not further jeopardize the patient's health or compromise the ability of the EMS system to function in a normal manner;
    - (iii) The hospital chosen is within a usual and customary patient transport or referral area as determined by the local medical director; and
    - (iv) The patient does not, in the judgment of the medical director or an attending physician, lack sufficient understanding or capacity to make a responsible decision regarding the choice of hospital.



2. If the patient's choice of hospital is not appropriate or if the patient does not, cannot, or will not express a choice, the patient's destination will be determined by pre-established guidelines. If for any reason the pre-established guidelines are unclear or not applicable to the specific case, then medical control shall be consulted for a definitive decision.
  3. If the patient continues to insist on being transported to the hospital he or she has chosen, and it is within a reasonable distance as determined by the local medical director, then the patient shall be transported to that hospital after notifying local medical control of the patient's decision. The choice of hospital for the patient may be selected pursuant to O.C.G.A. § 31-9-2.
  4. If the patient does not, cannot, or will not express a choice of hospitals, the ambulance service shall transport the patient to the nearest hospital believed capable of meeting the patient's immediate medical needs without regard to other factors, e.g., patient's ability to pay, hospital charges, county or city limits, etc.
- (l) Ambulance providers shall not misrepresent or falsify any information on forms filed with the department or completed as a result of any ambulance response.
- (m) Ambulance providers shall not employ, continue in employment, or use as EMS personnel any individuals who are not properly licensed under the applicable provisions of O.C.G.A. Chapter 31-11 and these rules and regulations.
- (n) The ambulance provider administration shall report incidents of substance abuse or personnel impairment occurring with licensed personnel within their service to the department.

**Authority:** O.C.G.A. §§ 31-2A-3, 31-2A-6, 31-9-2, 31-9-3, 31-11-5 to 31-11-11, 31-11-30 to 31-11-36, 31-11-50 to 31-11-55, 31-11-60.1, 31-12-8, 40-6-6. **History:** Original Rule entitled "Revocation of License" adopted. F. May 29, 1973; eff. July 1, 1973, as specified by the Agency. Repealed: New Rule of same title adopted. F. Aug. 28, 1979; eff. Oct. 15, 1979, as specified by the Agency. Repealed: New Rule entitled "General Provisions for Ambulance Providers" adopted. F. Aug. 21, 1986; eff. Sept. 10, 1986. Amended: F. Aug. 16, 1990; eff. Sept. 5, 1990. Repealed: New Rule entitled "Licensure of Medical First Responder Services" adopted. F. Oct. 21, 1993; eff. Nov. 10, 1993. Repealed: New Rule entitled "Licensure of Ambulance Services" adopted. F. Feb. 25, 2005; eff. Mar. 17, 2005. Repealed: New Rule entitled "Licensure of Ground Ambulance Services" adopted. F. May 29, 2009; eff. June 18, 2009. Repealed: New Rule of same title adopted as R. 111-9-2-.07. F. June 10, 2011; eff. June 30, 2011. Repealed: New Rule of same title adopted as R. 511-9-2-.07. F. December 14, 2011; eff. January 3, 2012.

**511-9-2-.08 Licensure of Neonatal Transport Services.**

- (1) Applicability.
  - (a) Any ambulance provider may utilize a registered ambulance for the transport of neonates.
  - (b) No person shall hold themselves out to be a licensed neonatal transport service, or advertise as such without meeting the following requirements and without being duly licensed by the department. However, the provisions of this chapter shall not apply to any neonatal transport vehicle operated by an agency of the United States government.
- (2) Application for Neonatal Transport Service License Application for a License shall be made to the license officer in the manner and on the forms prescribed by the license officer.
- (3) License Fee.
  - (a) As a condition of maintaining a valid license, every neonatal transport service, whether privately operated or operated by any political subdivision of the state or any municipality, shall pay an annual license fee in an amount to be determined by the Board of Public Health. The license fee may be periodically revised by the Board, and shall be due upon the initial issuance of the license and each year thereafter on the anniversary date of the initial license issuance.
    1. This fee shall not be applicable in cases where the provider is also licensed as an ambulance service, uses the vehicles for dual-purposes, and pays the fee under the ambulance license.
- (4) Renewal of License. Renewal of any license issued under the provisions of these rules shall require conformance with all the requirements of these rules as upon original licensing.
- (5) Standards for Neonatal Transport Vehicles.
  - (a) General.
    1. A registered neonatal transport vehicle is a special type of vehicle and must be maintained on suitable premises that meet the county health code and the department's specifications. The department is authorized to establish policy to define minimum standards for suitable premises and base of operations.
    2. The registered vehicle must be properly equipped, maintained, and operated in accordance with these rules and regulations so as to contribute to the general well-being of patients. Heat and air conditioning must be available and operational in both the patient compartment and driver compartment.
    3. The vehicle must have sufficient floor space to accommodate two neonatal transport isolettes and a crew of three in the patient compartment.
    4. Each vehicle must be equipped with an electrical generator of at least 3.0 kilowatt output and an electrical inverter or motor generator of at least 1000 watts capacity.
    5. There must be at least one compressed air outlet and one oxygen outlet available to each isolette.
    6. There must be at least one duplex electrical outlet available to each isolette.

7. There must be at least one electrical wall-mounted suction outlet in the vehicle.
  8. All registered neonatal transport vehicles must be equipped with approved safety belts for all seats.
  9. Registered neonatal transport vehicles must be inspected and approved by the department and so designated by affixing a department decal at a location specified by the department.
  10. Prior to disposal by sale or otherwise, a registered neonatal transport vehicle removed from service must be reported to the department.
  11. All registered neonatal transport vehicles shall have on both sides of the vehicle an identification number designated by the department. The name of the service and the number shall be visible on each side of the vehicle in at least 3-inch lettering for proper identification. In addition each vehicle shall have the words "neonatal" or "neonatal transport" prominently displayed on each side of the vehicle.
- (b) Insurance.
1. Every registered neonatal transport vehicle shall have at least \$1,000,000 combined single limit (CSL) insurance coverage.
  2. No neonatal transport vehicle shall be registered nor shall any registration be renewed unless the vehicle has insurance coverage in force as required by this section. A certificate of insurance or satisfactory evidence of self-insurance shall be submitted to the license officer for approval prior to the issuance or renewal of each neonatal transport service license. Satisfactory evidence that such insurance is at all times in force and effect shall be furnished to the license office, in such form as the license officer may specify, by all licensees required to provide proof of such insurance under this section. Any lapse in insurance coverage will be grounds for immediate revocation of the neonatal transport service license.
  3. Neonatal transport providers must maintain a file, as defined in departmental policy, of all maintenance records on each vehicle registered by the department.
- (c) Communication.
1. Each registered neonatal transport vehicle shall be equipped with a two-way communication system that provides ambulance-to-hospital communication that meets the standard set in the Regional EMS Communication Plan.
  2. The neonatal transport vehicle shall be able to operate within the regional emergency medical services communication plan.
- (d) Infectious Disease Exposure Control.
1. Each neonatal transport service shall have a written infectious disease exposure control plan approved by the local medical director.
  2. Neonatal transport providers and emergency medical services personnel shall comply with all applicable local, state and federal laws and regulations in regard to infectious disease control procedures.

(e) Equipment and Supplies.

1. All equipment and supplies must be maintained in working order and shall be stored in an orderly manner so as to protect the patient and shall be readily accessible when needed.
2. Supplies may not be used after their expiration date.
3. In order to substitute any item from the required items, written approval must be obtained from the department. The department shall have authority to grant exceptions and substitutions and shall maintain and distribute an up-to-date policy listing of all approved exceptions and substitutions.
4. Vehicles approved to operate as both a neonatal transport vehicle and an ambulance must be inspected as both.
5. The department shall establish through policy the minimum equipment and supplies required for each neonatal transport unit while being used to transport neonates; however, other equipment may be added as desired.

(f) Supplies and Medications.

1. The types and quantities of supplies and medications to be carried in the vehicle while being used to transport neonates shall be determined by the medical director of the neonatal transport service in conformance with current medical standards of care in the treatment and transportation of neonates.
2. A listing of the supplies and medications shall be updated at least annually and signed by the medical director and a copy thereof is to be in the vehicle at all times. This list shall be used for any inspection purposes by the department.

(g) Personnel.

1. Neonatal transport personnel shall function under protocols developed by the medical director.
2. Neonatal transport personnel with appropriate skills to treat and transport a neonate must be in the patient compartment during transport. Documentation attesting to their qualifications shall be signed by the local medical director and on file at the base location.
3. The driver of the vehicle shall be a Georgia licensed medic (emergency medical technician-basic, emergency medical technician, emergency medical technician - intermediate, advanced emergency medical technician, cardiac technician, or paramedic).
4. A minimum of two patient care personnel shall be in the patient compartment and shall consist of any combination of the following during initial transport to the tertiary care center as determined by the local medical director:
  - (i) Paramedic;
  - (ii) Registered Nurse;

(iii) Respiratory Care Technician;

(iv) Physician's Assistant; or

(v) Physician.

Only one of the above shall be required in the patient compartment during transport back to the initial referring facility.

(h) Records of Neonatal Transport Response.

1. Records of each neonatal transport response shall be made by the neonatal transport service in a manner, frequency and on such prehospital care report forms as approved by the department. A printed or electronic prehospital care report utilizing the set of data elements approved by the department must be completed for each response initiated by the neonatal transport provider. If a PCR is not left with the patient at the time of transfer of patient care, then documentation identifying the patient, the service, crew members, date, time, patient history, exam findings and treatment provided must be left at the receiving facility. A printed copy of the prehospital care report shall be provided to the hospital within twenty-four hours of receiving the patient. Such records shall be available for inspection by the department or its authorized agents during reasonable business hours. A detailed electronic file of all responses must be submitted to the department in a manner and frequency approved by the department.

(i) A dispatch record shall be maintained on all calls received. The record shall contain at a minimum, when applicable, but not be limited to, the following:

1. Date call received;
2. Time call received;
3. Source of calls;
4. Call back telephone number;
5. Location of patient;
6. Apparent problems;
7. Unit dispatched and time of dispatch;
8. Time arrived at scene;
9. Time left scene;
10. Time arrived at transferring facility (if applicable);
11. Time left transferring facility (if applicable);
12. Time arrived at receiving facility; and
13. Destination of patient.

## (6) General Provisions.

- (a) The local medical director shall be a physician licensed to practice medicine in the state of Georgia, be a member of the staff of the neonatal intensive care facility from which the service originates or with which the service is contracted, and provide medical direction for the neonatal transport service.
- (b) Neonatal transport services shall be provided on a twenty-four hour, seven day a week basis.
- (c) The neonatal transport provider administration shall report the department all incidents of substance abuse or personnel impairment by licensed personnel within their service.

**Authority:** O.C.G.A. §§ 31-2A-3, 31-2A-6, 31-11-5 to 31-11-7, 31-11-9, 31-11-30 to 31-11-36, 31-11-50, 31-11-53.1, 31-11-60.1, 31-12-8, 40-6-6. **History:** Original Rule entitled “Standards for Ambulance Attendants and Drivers” adopted. F. May 29, 1973; eff. July 1, 1973, as specified by the Agency. Repealed: New Rule entitled “Standards for Ambulance Personnel” adopted. F. Aug. 28, 1979; eff. Oct. 15, 1979, as specified by the Agency. Amended: ER. 290-5-30-0.2-.08 adopted. F. and eff. Jan. 20, 1982, the date of adoption. Amended: Permanent Rule adopted. F. Apr. 22, 1982; eff. May 12, 1982. Repealed: New Rule entitled “Disciplinary Action Against Ambulance Service Providers and First Responder Services” adopted. F. Aug. 21, 1986; eff. Sept. 10, 1986. Repealed: New Rule entitled “Automatic Defibrillator Program” adopted. F. Oct. 21, 1993; eff. Nov. 10, 1993. Repealed: New Rule entitled “Licensure of Neonatal Transport Services” adopted. F. Feb. 25, 2005; eff. Mar. 17, 2005. Repealed: New Rule of same title adopted. F. May 29, 2009; eff. June 18, 2009. Repealed: New Rule of same title adopted as R. 111-9-2-.08. F. June 10, 2011; eff. June 30, 2011. Repealed: New Rule of same title adopted as R. 511-9-2-.08. F. December 14, 2011; eff. January 3, 2012.

**511-9-2-.09 Licensure of Medical First Responder Services.****(1) Applicability.**

(a) No person shall hold himself out to be a medical first responder service, or advertise as such in the state of Georgia without first meeting the following requirements and being duly licensed by the department.

(b) However, the provisions of this chapter shall not apply to:

1. Any first responder unit operated by an agency of the United States government.
2. Any rescue organization licensed by the Georgia Emergency Management Agency, including its individual members.
3. Any person or designated first responder unit directly requested to the scene of an emergency by an appropriate public safety agency or ambulance service for the purpose of rendering on-site care, rescue or extrication, until the arrival of a duly licensed ambulance service or duly licensed medical first responder service. This includes agencies routinely requested to the scene in this manner that cannot or choose not to meet the requirements of these rules.
4. Any supervisory vehicle of a licensed ambulance service.
5. A person rendering assistance temporarily in the case of a major catastrophe or disaster which is beyond the capability of licensed medical first responder services or licensed ambulance services.

(2) **Application for a License.** Application for a License shall be made to the license officer in the manner and on the forms approved by the license officer.

(3) **Renewal of License.** Renewal of any license issued under the provisions of the rules shall require conformance with all the requirements of these rules as upon original licensing.

(4) **Standards for First Responder Vehicles.**

(a) **General.**

1. Registered first responder vehicles must be maintained on suitable premises that meet the county health code and the department's specifications. The department is authorized to establish policy to define minimum standards for suitable premises and base of operations. The registered vehicle must be properly equipped, maintained, and operated in accordance with other Rules and Regulations contained herein.
2. All registered first responder vehicles must be equipped with approved safety belts for all seats.
3. Registered first responder vehicles must be inspected and approved by the department and so designated by affixing a department decal at a location specified by the department.
4. Prior to disposal by sale or otherwise, a registered first responder vehicle removed from service must be reported to the department.

5. All registered first responder vehicles shall have on both sides of the vehicle an identification number designated by the department. The name of the service, the words “MEDICAL FIRST RESPONDER” and the number shall be visible on each side of the vehicle in at least 3-inch lettering for proper identification.
- (b) Insurance.
1. Every registered first responder vehicle shall have at least \$1,000,000 combined single limit (CSL) insurance coverage.
  2. No medical first responder vehicle shall be registered nor shall any registration be renewed unless the vehicle has insurance coverage in force as required by this section. A certificate of insurance or satisfactory evidence of self-insurance shall be submitted to the license officer for approval prior to the issuance or renewal of each medical first responder service license. Satisfactory evidence that such insurance is at all times in force and effect shall be furnished to the license officer, in such form as the license officer may specify, by all licensees required to provide proof of such insurance under this section. Any lapse in insurance coverage will lead to immediate revocation of the medical first responder service license.
  3. Medical first responder providers must maintain a file, as defined in departmental policy, of all maintenance records on each vehicle registered by the department.
- (c) Communication.
1. Each registered first responder vehicle shall be equipped with a two-way communication system that meets the standards set in the Regional EMS Communication Plan.
  2. All medical first responder providers shall have two-way communication between the vehicle and the location receiving requests for emergency service.
- (d) Infectious Disease Exposure Control.
1. Each medical first responder service shall have a written infectious disease exposure control plan approved by the local medical director.
  2. Medical first responder providers and emergency medical services personnel shall comply with all applicable local, state and federal laws and regulations in regard to infectious disease control procedures.
- (e) Equipment and Supplies.
1. All equipment and supplies must be maintained in working order and shall be stored in an orderly manner and shall be readily accessible when needed.
  2. Supplies may not be used after their expiration date.
  3. In order to substitute any item from the required items written approval must be obtained from the department. The department shall have authority to grant exceptions and substitutions and shall maintain and distribute an up-to-date policy listing of all approved exceptions and substitutions.



4. The department shall through policy establish the minimum equipment and supplies required on medical first responder units; however, other equipment and supplies may be added as desired.

(5) Records of Medical First Responder Services.

- (a) Records of each medical first responder response shall be made by the medical first responder service in a manner, frequency and on such prehospital care report forms as may be approved by the department. A printed or electronic prehospital care report utilizing the set of data elements approved by the department must be completed for each response initiated and completed by the medical first responder provider. Such records shall be available for inspection by the department or its authorized agents during reasonable business hours. A detailed electronic file of all responses must be submitted to the department in a manner and frequency approved by the department.
- (b) Training records for each employee containing pertinent information regarding licensing as a medic, and any other department required courses shall be maintained and readily available for the department or its authorized agents upon request, at the base location.
- (c) A dispatch record shall be maintained on all calls received. The record shall contain at a minimum, when applicable, but not be limited to, the following:
  1. Date call received;
  2. Time call received;
  3. Source of call;
  4. Call back telephone number;
  5. Location of patient;
  6. Apparent problems;
  7. Unit dispatched and time of dispatch; and
  8. Time arrived at scene.

(6) General Provisions: Medical First Responder Services.

- (a) Each registered first responder vehicle when on an emergency call shall be manned by at least one of the following: emergency medical technician-basic, emergency medical technician, emergency medical technician- Intermediate, advanced emergency medical technician, cardiac technician, or paramedic. If advanced life support is being rendered, there must be at least one emergency medical technician – Intermediate, advanced emergency medical technician, cardiac technician or paramedic responsible for patient care.
- (b) Medical first responder services shall be provided on a twenty-four hour, seven day a week basis.
- (c) Personnel shall be available at all times to receive emergency telephone calls and provide two-way communications.

- (d) Sufficient licensed personnel shall be immediately available to respond with at least one registered first responder vehicle. When the first registered first responder vehicle is on a call, providers shall respond to each additional emergency call within their designated geographic territory as requested providing a medic and a registered first responder vehicle are available. If a medic and a registered first responder vehicle are not available, the medical first responder service shall request mutual aid assistance. If mutual aid assistance is not available the provider shall respond with its next available registered vehicle.
- (e) The driver of a registered first responder vehicle, when responding to an emergency call, is authorized to operate the vehicle as an emergency vehicle pursuant to the provisions of O.C.G.A. § 40-6-6.
- (f) Medical Direction for Medical First Responder Services.
  - 1. To enhance the provision of emergency medical care, each medical first responder service, except those in counties with populations less than 12,000, shall be required to have a medical director. The medical director shall be a physician licensed to practice medicine in this state.
  - 2. It will be the responsibility of the local medical director to provide medical direction and training when appropriate for the medical first responder service personnel in conformance with acceptable emergency medical practices and procedures. These responsibilities include the formulation of policies and procedures affecting patient care, the formulation and evaluation of training objectives and performance, and quality control of patient care, including the evaluation of protocols, procedures and field techniques in accordance with department regulations.
  - 3. The medical director of a medical first responder service must coordinate the medical protocols and procedures of the service with the medical director of a local licensed ambulance service.
  - 4. The medical director of a medical first responder service is responsible for the development and implementation of policies and procedures for requesting air ambulance transport.
- (g) Medical first responder services shall not misrepresent or falsify any information on forms filed with the department.
- (h) Medical first responder services shall not employ, continue in employment, or use as medics (emergency medical technician-basics, emergency medical technicians, emergency medical technician-intermediates, advanced emergency medical technicians, cardiac technicians or paramedics) individuals who are not properly licensed under the applicable provisions of O.C.G.A. Chapter 31-11 and these Rules and Regulations.
- (i) Medical first responder services are required to notify the dispatch center designated by the regional ambulance zoning plan as responsible for distributing ambulance calls prior to departure on any direct calls received.
- (j) The medical first responder provider administration shall report to the department all incidents of substance abuse or personnel impairment by licensed personnel within their service.

**Authority:** O.C.G.A. §§ 31-2A-3, 31-2A-6, 31-11-5 to 31-11-7, 31-11-30 to 31-11-36, 31-11-50, 31-11-53 to 31-11-55, 31-11-59, 31-11-60, 31-11-60.1, 31-12-8, 40-6-6. **History:** Original Rule entitled “Standards for Ambulances” adopted. F. May 29, 1973; eff. July 1, 1973, as specified by the Agency. Repealed: New Rule of

same title adopted. F. Aug. 28, 1979; eff. Oct. 15, 1979, as specified by the Agency. Repealed: New Rule entitled "First Responder Services" adopted. F. Aug. 21, 1986; eff. Sept. 10, 1986. Repealed: New Rule entitled "Procurement, Control, Handling, and Accountability of Pharmaceuticals" adopted. F. Oct. 21, 1993; eff. Nov. 10, 1993. Repealed: New Rule entitled "Licensure of Medical First Responder Services" adopted. F. Feb. 25, 2005; eff. Mar. 17, 2005. Repealed: New Rule of same title adopted. F. May 29, 2009; eff. June 18, 2009. Repealed: New Rule of same title adopted as R. 111-9-2-.09. F. June 10, 2011; eff. June 30, 2011. Repealed: New Rule of same title adopted as R. 511-9-2-.09. F. December 14, 2011; eff. January 3, 2012.

**511-9-2-.10 Procurement, Control, Handling, and Accountability of Pharmaceuticals.**

- (1) **Procurement of Pharmaceuticals.** Medical directors of licensed ambulance services, medical first responder services, or neonatal transport services are authorized to contract with Georgia licensed pharmacies to furnish dangerous drugs and controlled substances for the vehicles of their particular services. Such dangerous drugs and controlled substances shall be furnished, secured, and stored in the manner provided for in O.C.G.A. § 26-4-116.
- (2) **Storage of Pharmaceuticals.** Pharmaceuticals shall not be left unattended on vehicles unless such vehicles are maintained in environmentally controlled facilities, or the pharmaceuticals are kept in environmentally controlled boxes in the patient compartment or in the patient compartment when the compartment is maintained at a temperature within the range specified by pharmaceutical manufacturers, and such vehicles are locked. Pharmaceuticals shall not be left outside of kits on open shelves or compartments. Narcotics must be maintained in accordance with Georgia Pharmacy Regulations. The theft of any pharmaceuticals must be reported immediately to the proper local and state authorities, as well as to the department.
- (3) **Accountability of Pharmaceuticals.** All licensed emergency medical services must have a written policy, signed by the administrative director of the EMS, the local medical director of the EMS, and the pharmacist from whom pharmaceuticals are obtained. The policy shall address at a minimum the following areas: procurement, par levels, receiving, storage, distribution, accountability, inventory check frequency, waste/expiration, handling of inventory discrepancies, and other issues deemed important by any of the signees.

**Authority:** O.C.G.A. §§ 26-4-116, 31-2A-3, 31-2A-6, 31-11-5, 31-11-6, 31-11-9, 31-11-34, 31-11-53 to 31-11-55, 31-11-59, 31-11-60, 31-11-60.1. **History:** Original Rule entitled “Inspection” adopted. F. May 29, 1973; eff. July 1, 1973, as specified by the Agency. Repealed: New Rule of same title adopted. F. Aug. 28, 1979; eff. Oct. 15, 1979, as specified by the Agency. Repealed: New Rule entitled “Standards for Neonatal Vehicles” adopted. F. June 22, 1981; eff. July 22, 1981, as specified by the Agency. Repealed: New Rule entitled “Neonatal Vehicles” adopted. F. Aug. 21, 1986; eff. Sept. 10, 1986. Repealed: New Rule entitled “Inspections of Ambulance Services, Neonatal Transport Services, and Medical First Responder Services” adopted. F. Oct. 21, 1993; eff. Nov. 10, 1993. Repealed: New Rule entitled “Procurement, Control, Handling, and Accountability of Pharmaceuticals” adopted. F. Feb. 25, 2005; eff. Mar. 17, 2005. Repealed: New Rule of same title adopted. F. May 29, 2009; eff. June 18, 2009. Repealed: New Rule of same title adopted as R. 111-9-2-.10. F. June 10, 2011; eff. June 30, 2011. Repealed: New Rule of same title adopted as R. 511-9-2-.10. F. December 14, 2011; eff. January 3, 2012.

**511-9-2-.11 Inspections of Ambulance Services, Air Ambulance Services, Neonatal Transport Services, and Medical First Responder Services.**

- (1) The department and its duly authorized agents shall be permitted to enter upon and inspect licensed emergency services, including registered vehicles, facilities, records applicable to licensure, call logs, vehicle maintenance records, patient care reports, communication tapes, and personnel licensing records in a reasonable manner in regards to the operation of emergency medical services. Inspections will be made during reasonable business hours. The department is authorized to set policy for such inspections and records.
- (2) When the department conducts an inspection, the findings shall be recorded on an inspection report form provided for this purpose. The provider or authorized representative shall sign a form acknowledging the inspection. Signing this form does not indicate agreement with the findings thereon. A copy of the inspection form shall be furnished to the provider within ten business days.
- (3) Inspections of pharmaceuticals will be handled in accordance with policies established by the department and state and federal laws and regulations where applicable.

**Authority:** O.C.G.A. §§ 31-2A-3, 31-2A-6, 31-11-5, 31-11-6, 31-11-9, 31-11-30 to 31-11-36. **History:** Original Rule entitled “Enforcement” adopted. F. May 29, 1973; eff. July 1, 1973, as specified by the Agency. Repealed: New Rule of same title adopted. F. Aug. 28, 1979; eff. Oct. 15, 1979, as specified by the Agency. Repealed: New Rule entitled “Inspection” adopted. F. June 22, 1981; eff. July 22, 1981, as specified by the Agency. Repealed: New Rule entitled “Standards for Basic EMT Certification” adopted. F. Aug. 21, 1986; eff. Sept. 10, 1986. Repealed: New Rule entitled “Disciplinary Action Against Ambulance Services, Neonatal Transport Services, and Medical First Responder Services” adopted. F. Oct. 21, 1993; eff. Nov. 10, 1993. Repealed: New Rule entitled “Inspections of Ambulance Services, Neonatal Transport Services, and Medical First Responder Services” adopted. F. Feb. 25, 2005; eff. Mar. 17, 2005. Repealed: New Rule of same title adopted. F. May 29, 2009; eff. June 18, 2009. Repealed: New Rule of same title adopted as R. 111-9-2-.11. F. June 10, 2011; eff. June 30, 2011. Repealed: New Rule of same title adopted as R. 511-9-2-.11. F. December 14, 2011; eff. January 3, 2012.

**511-9-2-.12 Licensure of Emergency Medical Services Personnel.**

- (1) No person shall practice as an Emergency Medical Technician - Basic, Emergency Medical Technician, Emergency Medical Technician - Intermediate, Advanced Emergency Medical Technician, Cardiac Technician, Paramedic or Emergency Medical Technician-Paramedic without being licensed by the department.
- (2) All applicants for licensure must provide information to the department on forms prescribed by the department;
- (3) All applicants for licensure must submit to a fingerprint based criminal history records check from the Georgia Crime Information Center (GCIC) and the Federal Bureau of Investigation (FBI).
  - (a) Fingerprints shall be in such form and of such quality as prescribed by the department, the GCIC and under standards adopted by the FBI.
  - (b) Fees may be charged as necessary to cover the costs of the records search.
- (4) Fees.
  - (a) All applications for initial licensure must be accompanied by a fee payable to the department in an amount and form determined by the department.
  - (b) Fees are not refundable after being submitted.
- (5) Licensing of Convicted Individuals.
  - (a) The department shall deny any license application submitted by an applicant who has been convicted of a felony, a crime of violence, or a crime of moral turpitude; and, may deny any license application submitted by an applicant who has been convicted of driving under the influence or possession of a controlled substance.
  - (b) The department shall deny any license application submitted by an applicant with unresolved criminal charges, whether initiated by arrest warrant, information, accusation, or indictment. This subsection shall not apply to minor traffic offenses.
  - (c) An applicant may seek reconsideration of any denial under subsection (a) or (b) above on the ground that
    - (i) the conviction has been set aside, pardoned, expunged, or overturned on appeal;
    - (ii) the criminal charges were finally resolved in the applicant's favor through acquittal, dismissal, or nolle prosequi; or
    - (iii) the applicant has demonstrated significant efforts toward rehabilitation, such that the applicant can be trusted with the care of sick or injured patients, their property, and the equipment and supplies that may be entrusted to him or her.
- (6) Any currently licensed emergency medical services personnel may voluntarily surrender a license by notifying the department in writing.

**Authority:** O.C.G.A. §§ 31-2A-3, 31-2A-6, 31-11-5, 31-11-51, 31-11-52, 31-11-56. **History:** Original Rule entitled “Enforcement” adopted. F. June 22, 1981; eff. July 22, 1981, as specified by the Agency. Repealed: New Rule entitled “Recertification” adopted. F. Aug. 21, 1986; eff. Sept. 10, 1986. Repealed: New Rule entitled “Standards for Emergency Medical Technician Certification” adopted. F. Oct. 21, 1993; eff. Nov. 10, 1993. Repealed: New Rule entitled “Initial Licensing of Emergency Medical Services Personnel” adopted. F. Feb. 25, 2005; eff. Mar. 17, 2005. Repealed: New Rule of same title adopted. F. May 29, 2009; eff. June 18, 2009. Repealed: New Rule of same title adopted. F. May 29, 2009; eff. June 18, 2009. Repealed: New Rule of same title adopted as R. 111-9-2-.12. F. June 10, 2011; eff. June 30, 2011. Repealed: New Rule entitled “Licensure of Emergency Medical Services Personnel” adopted as R. 511-9-2-.12. F. December 14, 2011; eff. January 3, 2012.

**511-9-2-.13      Licensure Renewal for Emergency Medical Services Personnel.**

- (1) Licensed emergency medical services personnel, on a schedule and in the manner established by the department, shall submit an application and a non-refundable license renewal fee pursuant to these rules.
  - (a) The continuing education requirement shall be met by completing approved continuing education of not less than forty contact hours for each twenty-four month period of the license renewal cycle, with subject matter that includes cardiac care, pediatric care and trauma care. All continuing education must be consistent with the appropriate level EMS course curriculum or above. Training to maintain CPR certification shall be in addition to the continuing education requirement. Training to maintain ACLS or equivalent shall be in addition to the forty required biennial hours of continuing education.
  - (b) Continuing education that meets the requirements of this section must be approved in writing by the department, a regional medical director or local medical director. All approved continuing education must be assigned an approval number by the department and that number must be included on the course certificate of completion.
  - (c) Individuals who become licensed or reinstated as emergency medical services personnel during any license renewal cycle shall be considered to have satisfied the requirements of this section for that license renewal cycle.
  - (d) Licensed emergency medical services personnel shall make available to the department, upon request, proof of continuing education.
- (2) The department is authorized to perform random audits of license renewal documentation during each license renewal cycle.
- (3) Late renewal is permitted during the six month period immediately following the expiration date for the last license renewal cycle. During this period, a penalty fee for late renewal applies. The penalty fee shall be double the established fee for the level of licensure. After that six month period, the individual must apply for licensure as a new applicant in accordance with Regulation 511-9-2-.12.
- (4) The department has the authority to mandate a specific license renewal cycle and continuing education modules.
- (5) The department shall be authorized to waive the continuing education requirements in cases of hardship, disability, illness, military deployment or under such other circumstances as the department deems appropriate.
- (6) Upon request, the department shall be authorized to place a license in retired status after which the medic will be permitted to continue to use the former licensure level title and number with “(Ret.)” after it. An individual in retired status will not be licensed to perform the duties of medic as defined in this chapter.

**Authority:** O.C.G.A. §§ 31-2A-3, 31-2A-6, 31-7-2, 31-7-2.1, 31-11-1, 31-11-5, 31-11-51, 31-11-52, 31-11-53.1, 31-11-56 to 31-11-58, 31-11-58.1. **History:** Original Rule entitled “General Provisions for Emergency Medical Technicians” adopted. F. Aug. 21, 1986; eff. Sept. 10, 1986. Repealed: New Rule entitled “Recertification of Emergency Medical Technicians” adopted. F. Oct. 21, 1993; eff. Nov. 10, 1993. Repealed: New Rule entitled “License Renewal for Emergency Medical Services Personnel” adopted. F. Feb. 25, 2005; eff. Mar. 17, 2005. Repealed: New Rule of same title adopted. F. May 29, 2009; eff. June



18, 2009. Repealed: New Rule entitled "Licensure Renewal for Emergency Medical Services" adopted as R. 111-9-2-.13. F. June 10, 2011; eff. June 30, 2011. Repealed: New Rule of same title adopted as R. 511-9-2-.13. F. December 14, 2011; eff. January 3, 2012.

**511-9-2-.14 Reciprocity of Emergency Medical Services Personnel.**

- (1) No person shall practice as an Emergency Medical Technician - Basic, Emergency Medical Technician, Emergency Medical Technician – Intermediate, Advanced Emergency Medical Technician, Cardiac Technician, Paramedic, or Emergency Medical Technician – Paramedic without being licensed by the department.
- (2) Applicants seeking reciprocity must possess current registration as required by the Department, at the level for which reciprocity is sought.
- (3) Applicants must comply with all provisions of DPH Rules and Regulations Chapter 511-9-2 and the department Policies.
- (4) All applicants for licensure must provide information to the department on forms prescribed by the department.
- (5) All applicants for licensure must submit to a fingerprint based criminal history records check from the Georgia Crime Information Center (GCIC) and the Federal Bureau of Investigation (FBI).
  - (a) Fingerprints shall be in such form and of such quality as prescribed by the department, the GCIC and under standards adopted by the FBI.
  - (b) Fees may be charged as necessary to cover the costs of the records search.

**Authority:** O.C.G.A. §§ 31-2A-3, 31-2A-6, 31-11-5, 31-11-51 to 31-11-55, 31-11-59 to 31-11-61. **History:** Original Rule entitled “Disciplinary Action Against Basic EMT's” adopted. F. Aug. 21, 1986; eff. Sept. 10, 1986. Repealed: New Rule entitled “Services Which May Be Rendered by Certified Emergency Medical Technicians, Cardiac Technicians, Paramedics and Trainees” adopted. F. Oct. 21, 1993; eff. Nov. 10, 1993. Repealed: New Rule entitled “Reciprocity of Emergency Medical Services Personnel” adopted. F. Feb. 25, 2005; eff. Mar. 17, 2005. Repealed: New Rule of same title adopted. F. May 29, 2009; eff. June 18, 2009. Repealed: New Rule of same title adopted as R. 111-9-2-.14. F. June 10, 2011; eff. June 30, 2011. Repealed: New Rule of same title adopted as R. 511-9-2-.14. F. December 14, 2011; eff. January 3, 2012.

**511-9-2-.15 General Provisions for Emergency Medical Technician.**

- (1) Emergency medical services personnel shall at all times while on duty wear visible identification, to include name, company name and license level and may include the State EMS patch or embroidered facsimile, along with license level rocker. Patches of other certifying or licensing agencies are not an acceptable substitute.
- (2) Emergency medical services personnel shall at all times while on duty have the official department issued identification on their person.
- (3) Emergency medical services personnel must notify the department in writing of any change in their home or mailing address.

**Authority:** O.C.G.A. §§ 31-2A-3, 31-2A-6, 31-11-5, 31-11-51 to 31-11-61. **History:** Original Rule entitled “General Provisions for Emergency Medical Technicians” adopted. F. Oct. 21, 1993; eff. Nov. 10, 1993. Repealed: New Rule of same title adopted. F. Feb. 25, 2005; eff. Mar. 17, 2005. Repealed: New Rule of same title adopted. F. May 29, 2009; eff. June 18, 2009. Repealed: New Rule entitled “General Provisions for Emergency Medical Technician” adopted as R. 111-9-2-.15. F. June 10, 2011; eff. June 30, 2011. Repealed: New Rule of same title adopted as R. 511-9-2-.15. F. December 14, 2011; eff. January 3, 2012.

**511-9-2-.16 Standards for Emergency Medical Service Courses.**

- (1) All emergency medical service courses must be approved by the department prior to the course starting date.
- (2) In order for any course to be approved, the course coordinator must be a currently licensed instructor at the applicable level.
- (3) A complete course application must be submitted by the sponsoring agency to the department at least twenty business days in advance of the actual starting date of the proposed course on forms prescribed by the department.
- (4) The sponsoring agency of the course must establish contracts with the appropriate agencies to ensure that clinical requirements for the course will be met.
- (5) The department shall establish standards for all emergency medical service courses.
- (6) All approved courses are subject to monitoring by the department including unannounced on-site evaluations and other methods as deemed appropriate by the department.

**Authority:** O.C.G.A. §§ 31-2A-3, 31-2A-6, 31-11-5, 31-11-51 to 31-11-61. **History:** Original Rule entitled “Disciplinary Action Against Emergency Medical Technicians” adopted. F. Oct. 21, 1993; eff. Nov. 10, 1993. Repealed: New Rule entitled “Standards for Emergency Medical Service Courses” adopted. F. Feb. 25, 2005; eff. Mar. 17, 2005. Repealed: New Rule of same title adopted. F. May 29, 2009; eff. June 18, 2009. Repealed: New Rule of same title adopted as R. 111-9-2-.016 F. June 10, 2011; eff. June 30, 2011. Repealed: New Rule of same title adopted as R. 511-9-2-.16. F. December 14, 2011; eff. January 3, 2012.

**511-9-2-.17 Standards for Emergency Medical Service Instructors.**

(1) Eligibility for Instructor Licensing. All applicants for instructor licensure must meet the following requirements:

(a) Emergency Medical Services Instructor - Level I.

1. Written recommendation from the local medical director;
2. Current Georgia licensure as an emergency medical technician – intermediate, advanced emergency medical technician, cardiac technician, paramedic, registered nurse, physician's assistant, or physician;

(b) Emergency Medical Services Instructor - Level II.

1. Current Georgia licensure as an advanced emergency medical technician, cardiac technician, paramedic, registered nurse, physician's assistant, or physician;
2. Successful completion of a department approved course with curriculum specific to Georgia's emergency medical service system; and
3. Demonstrate proficiency by the successful completion of practical and written examinations approved by the department.

(c) Emergency Medical Service Instructor - Level III.

1. Current Georgia licensure as a paramedic, registered nurse, physician's assistant, or physician;
2. A minimum of an associate degree or ninety quarter hours of college credit (or semester equivalent) from a regionally or nationally accredited institution;
3. Successful completion of a department approved course with curriculum specific to Georgia's emergency medical service system; and
4. Demonstrate proficiency by the successful completion of practical and written examinations approved by the department.

(2) Licensure of Instructors.

(a) Candidates must submit an application and provide other documentation as prescribed by the department.

(b) No individual shall hold oneself out as an emergency medical service instructor at any level unless licensed by the department.

(c) Initial licensure shall be for a period of time specified by the department.

(3) License Renewal for Emergency Medical Service Instructors.

- (a) Emergency medical service instructors shall provide satisfactory evidence of having met the license renewal requirements of this section in a manner, and on forms approved by the department. Failure to do so shall result in the department placing the instructor license in an inactive status.
  - (b) The emergency medical service instructor - level I must:
    - 1. Maintain a license as an emergency medical technician, emergency medical technician-intermediate, advanced emergency medical technician, cardiac technician, paramedic, registered nurse, physician's assistant or physician;
  - (c) The emergency medical service instructor - level II must:
    - 1. Maintain a license as an advanced emergency medical technician, cardiac technician, paramedic, registered nurse, physician's assistant or physician.
  - (d) The emergency medical service instructor - level III must:
    - 1. Maintain a license as a paramedic, registered nurse, physician's assistant, or physician
  - (e) The instructor must teach a minimum of forty hours per instructor license renewal period in approved courses.
  - (f) The instructor must participate in a minimum of twenty-four hours of department-approved continuing education in instructional techniques per license renewal period.
- (4) Inactive Status for Instructors. Any instructor who does not meet the above requirements will be placed in an inactive status.
- (5) Reinstatement of Instructor Status. Any instructor, whose license is placed in an inactive status for a period of not more than four years, may be reinstated to an active status by meeting the following requirements:
- (a) The eligibility for instructor licensure standards at the appropriate level;
  - (b) For each year of inactive status participate in a minimum of twelve hours of continuing education in instructional techniques approved by the department;
  - (c) Demonstrate proficiency by the successful completion of practical and written examinations approved by the department; and
  - (d) Instructors whose license has been inactive or revoked for four years plus one day or more must complete all requirements anew.
- (6) Clinical Preceptor.
- (a) Clinical preceptors may precept paramedic, emergency medical technician – Intermediate, advanced emergency medical technician and emergency medical technician- students at or below the preceptor's provider license level.
  - (b) Clinical preceptors can only be approved by the course coordinator and the course medical director after successfully completing a clinical preceptor training course approved by the department.

- (c) The course coordinator must maintain student clinical records involving clinical preceptors for two years from the student's course completion.

**Authority:** O.C.G.A. §§ 31-2A-3, 31-2A-6, 31-11-5, 31-11-51 to 31-11-61. **History:** Original Rule entitled "Standards for Certification of Emergency Medical Technician Instructors and Paramedic Instructors and Approval of Emergency Medical Technician, Cardiac Technician, and Paramedic Courses" adopted. F. Oct. 21, 1993; eff. Nov. 10, 1993. Repealed: New Rule entitled "Standards for Emergency Medical Service Instructors" adopted. F. Feb. 25, 2005; eff. Mar. 17, 2005. Repealed: New Rule of same title adopted. F. May 29, 2009; eff. June 18, 2009. Repealed: New Rule of same title adopted as R. 111-9-2-.17. F. June 10, 2011; eff. June 30, 2011. Repealed: New Rule of same title adopted as R. 511-9-2-.17. F. December 14, 2011; eff. January 3, 2012.

**511-9-2-.18 Standards of Conduct for Licensees.**

In order to protect the public and ensure the integrity of the emergency medical response system and those who serve the people of Georgia as ambulance service providers and emergency medical personnel, all persons licensed by the department pursuant to Chapter 31-11, all owners and officers of entities licensed pursuant to Chapter 31-11, and all applicants for a license pursuant to Chapter 31-11 (hereinafter licensees) shall at all times meet the following standards of conduct:

- (1) A licensee shall comply at all times with the provisions of Chapter 31-11 and the Rules and Regulations of the department.
- (2) A licensee shall not obtain a license by fraud, forgery, deception, misrepresentation, or omission of a material fact.
- (3) A licensee shall not present a check to the department for which there are insufficient funds in the account.
- (4) A licensee shall not tamper with, alter, or change any license issued by the department.
- (5) A licensee shall fully cooperate with the department and its agents during the course of any investigation or inspection, and provide true information upon request.
- (6) A licensee shall take no action in any other jurisdiction that would result in a fine, suspension, or revocation of any license similar to that issued to the licensee pursuant to Chapter 31-11.
- (7) A licensee shall not advertise its services in a false or misleading manner.
- (8) A licensee shall not provide any type or level of service that is not authorized by its license or by law.
- (9) A licensee shall not provide services while its license is suspended or revoked, whether personally or through employees, agents, or volunteers.
- (10) A licensee shall correct as soon as practicable all violations and deficiencies found during a department inspection.
- (11) A licensee's equipment shall be clean and in proper operating condition at all times.
- (12) A licensee shall not falsify a patient record or any other document which the licensee is required to maintain under state or federal law or department regulations.
- (13) A licensee shall not employ fraud or misrepresentation to obtain a fee or any reimbursement in the course of emergency medical services.
- (14) A licensee shall report to the department within ten days the bringing of any criminal charges against the licensee, whether by arrest warrant, information, accusation, or indictment. This subsection shall not apply to minor traffic offenses.
- (15) A licensee shall, upon request by the department, submit copies or permit inspection of any document which the licensee is required to maintain under state or federal law or department regulations.
- (16) A licensee shall not provide services while under the influence of drugs or alcohol, nor permit any employee or co-worker to do so.



- (17) A licensee shall use no less than the requisite number of licensed individuals applicable to its license.
- (18) A licensee shall act with due regard for the safety of patients and the public in the operation of an emergency vehicle, and shall not use vehicle warning devices unnecessarily or in a manner that endangers the safety of the patient or the public.
- (19) A licensee shall not aid or abet the unlicensed practice of emergency medical care.
- (20) A licensee shall not accept anything of value in return for a patient referral.
- (21) A licensee shall abide by all regional ambulance zoning plans.
- (22) A licensee shall take no action that would jeopardize the health or safety of a patient, including without limitation the abandonment or mistreatment of a patient.
- (23) A licensee shall pay all administrative fines in full within thirty days.
- (24) A licensee shall display proper identification at all times while on duty, including the Georgia level of licensure.
- (25) A licensee shall maintain the confidentiality of all patient records and information.
- (26) A licensee shall take no action that results in a criminal conviction on a felony charge, a crime of moral turpitude, or the crime of driving under the influence or possession of a controlled substance.
- (25) An EMS instructor licensee shall maintain student records as required by the department, and shall meet all license renewal requirements.
- (26) An EMS instructor licensee must receive a satisfactory evaluation after being monitored by the department on two occasions within a twelve month period.
- (27) A licensee shall not discriminate on the basis of national origin, race, color, creed, religion, gender, sexual orientation, age, economic status, physical or mental ability in providing services.
- (28) A licensee shall not violate any lawful order of the department.
- (29) A licensee shall not violate any statute or regulation, state or federal, which pertains to emergency medical services.

**Authority:** O.C.G.A. §§ 31-2A-3, 31-2A-6, 31-11-5, 31-11-6, 31-11-9, 31-11-30, 31-11-36, 31-11-56, 31-11-57, 50-13-18. **History:** Original Rule entitled “Administrative Action, Fines, Probation, Suspension, and/or Revocation of the License, Designation of EMS Providers, EMS Personnel, Ambulance Zones and/or Base Stations” adopted. F. Feb. 25, 2005; eff. Mar. 17, 2005. Repealed: New Rule of same title adopted. F. May 29, 2009; eff. June 18, 2009. Repealed: New Rule entitled “Administrative Action, Fines, Probation, Suspension, Summary Suspension and/or Revocation of the License, Designation of EMS Providers, EMS Personnel, Ambulance Zones, Specialty Care Centers and/or Base Stations” adopted as R. 111-9-2-.18. F. June 10, 2011; eff. June 30, 2011. Repealed: New Rule entitled “Standards of Conduct for Licensees” adopted as R. 511-9-2-.18. F. December 14, 2011; eff. January 3, 2012.

**511-9-2-.19 Disciplinary Actions Against Licensees.**

- (1) The department shall revoke the license of any individual or entity licensed under Chapter 31-11 for failure to comply with Chapter 31-11, the regulations of the department, or approved ambulance zoning plans. The term “license” as used in this regulation includes certificates issued to EMS personnel or instructors pursuant to Article 3 of Chapter 31-11.
- (2) The department may, in its discretion, impose a lesser sanction where the circumstances of the violation do not merit revocation of the license, including probation on specified terms or suspension.
- (3) In addition to revocation, suspension, or probation of a license, the department in its discretion may impose a fine of up to \$25,000 or \$1,000 per day for failure to comply with Chapter 31-11, the regulations of the department, or approved ambulance zoning plans.
- (4) Procedure.
  - (i) The department shall give written notice of any disciplinary action taken pursuant to this regulation by certified mail or statutory overnight delivery to the licensee’s last known address, unless the licensee provides a different address to which notices may be sent. The notice shall set forth the individual facts or conduct which warrant the disciplinary action.
  - (ii) The department shall provide an administrative hearing on the disciplinary action if the licensee makes a written request for a hearing. Such written request must be actually delivered to and received by the Director of EMS and Trauma not later than twenty days after the licensee receives the notice of disciplinary action.
  - (iii) The licensee shall have at least twenty days’ prior notice of the time and place of the hearing.
- (5) Effective date of disciplinary action.
  - (i) All disciplinary actions by the department are effective twenty days after the licensee’s receipt of the notice, unless the licensee makes a timely request for a hearing. In that event, the action shall become effective upon the agency’s final decision.
  - (ii) Upon a written finding set forth in the notice of disciplinary action that the public safety, health, and welfare imperatively require emergency action, the suspension of the license shall be effective immediately upon issuance of the notice, and a hearing promptly scheduled to consider final revocation of the license.
- (6) Upon request by the licensee for exculpatory, favorable, or arguably favorable information relative to pending allegations involving disciplinary action, the department shall either furnish such information, indicate that no such information exists, or provide such information to the hearing officer for *in camera* inspection pursuant to O.C.G.A. § 50-13-18(d)(2).

**Authority:** O.C.G.A. §§ 31-2-8(c)(6); 31-2A-3, 31-2A-6, 31-11-5, 31-11-6, 31-11-9, 31-11-30, 31-11-36, 31-11-56, 31-11-57, 50-13-18. **History:** Original Rule entitled “Disciplinary Actions Against Licensees” adopted as R. 511-9-2-.19. F. December 14, 2011; eff. January 3, 2012.